

OFFICE OF THE STATE CONTROLLER

STATE MANDATED COSTS CLAIMING INSTRUCTIONS NO. 2000-07

VOTERS REGISTRATION COSTS

September 1, 2000

Enclosed is material relating to claiming reimbursement of 1999-00 costs pursuant to Chapter 704/75, Voters Registration.

Section 2130 of the Elections Code states:

"From moneys appropriated by the Legislature, the Controller shall allocate and disburse to the counties the amounts necessary to reimburse them for net costs incurred by them in complying with voter registration provisions, including the provisions authorizing voter registration by mail and voter outreach programs, as set forth in Chapter 704 of the Statutes of 1975, as amended. The Secretary of State, in consultation with the Controller, shall develop a formula for the reimbursement of these costs. The Controller shall prescribe the forms for filing claims pursuant to this section. These claims shall be submitted to the Controller by October 31 in the year following the fiscal year in which the costs were incurred."

An individual per affidavit cost reimbursement formula was developed by the Secretary of State (SOS) in consultation with the State Controller's Office for each county based on 1992-93 cost data. In addition, the SOS worked in a cooperative effort with county election officials over a two year period to develop formulas for reimbursement that would accurately reflect each county's actual net costs.

Annual payment to an individual county for conducting mail registration would be the 1992-93 per affidavit cost adjusted for annual changes in the Consumer Price Index (CPI) as provided by the State Department of Finance, Economic Research Unit. The CPI increases were 3.2% in 1993-94, 1.7% in 1994-95 and 1995-96, 2.3% in 1996-97, 2.0% in 1997-98, 2.4% in 1998-99, and 3.2% in 1999-00.

The amount appropriated by the Legislature in the 2000 State Budget Act (Chapter 52, Statutes of 2000) for reimbursement of 1999-00 fiscal year costs is \$1,416,000. Reimbursement claims detailing the actual costs incurred for the 1999-00 fiscal year must be filed with the State Controller's Office. The county must complete form VRP-1 to determine the amount that can be claimed for the 1999-00 fiscal year.

Claims for reimbursement of 1999-00 costs must be filed with the State Controller's Office, delivered or postmarked by October 31, 2000. The signed original and a copy of form FAM-27C, and a copy of form VRP-1 must be submitted.

Mailing addresses for filing claims:

If delivery is by  
U.S. Postal Service:

Office of the State Controller  
Attn: Local Reimbursements Section  
Division of Accounting and Reporting  
P.O. Box 942850  
Sacramento, CA 94250

If delivery is by  
other delivery services:

Office of the State Controller  
Attn: Local Reimbursements Section  
Division of Accounting and Reporting  
3301 C Street, Suite 500  
Sacramento, CA 95816

If there are any questions concerning the enclosed material, please write to the above address or call the Local Reimbursements Section at (916) 323-3258.

CLAIM FOR PAYMENT Pursuant to Elections Code Section 2130 VOTERS REGISTRATION PROCEDURES			For State Controller Use Only	
(01) Claimant Identification Number			(16) Program Number 00056	
(02) Mailing Address			(17) Date File _____/_____/_____	
Claimant Name			(18) LRS Input _____/_____/_____	
County of Location			<b>Reimbursement Claim Data</b>	
Street Address or P.O. Box			(19)	
City State Zip Code			(20)	
			(21)	
			(22)	
			(23)	
<b>Type of Claim</b>			(24)	
<div style="display: flex; justify-content: space-between;"> <div> <b>Estimated Claim</b>            (03) Estimated <input type="checkbox"/>            (04) Amended <input type="checkbox"/> </div> <div> <b>Reimbursement Claim</b>            (08) Reimbursement <input type="checkbox"/>            (09) Amended <input type="checkbox"/> </div> </div>			(25)	
			(26)	
			(27)	
<b>Fiscal Year of Cost</b>			(28)	
(05) _____			(10) 1999-2000	
<b>Total Claimed Amount</b>			(29)	
(06) _____			(11)	
<b>Less: Estimated Claim Payment Received</b>			(30)	
(12) _____			(13)	
<b>Net Claimed Amount</b>			(31)	
(13) _____			(14)	
<b>Due from State</b>			(32)	
(07) _____			(15)	
<b>Due to State</b>			(33)	
(15) _____				
<b>(34) CERTIFICATION OF CLAIM</b>  <p>In accordance with the provisions of Elections Code § 2130, I certify that I am the person authorized by the local agency to file claims with the State of California for costs mandated by Chapter 704, Statutes of 1975, and certify under penalty of perjury that I have not violated any of the provisions of Government Code Sections 1090 to 1096, inclusive.</p> <p>I further certify that there was no application other than from the claimant, nor any grant or payment received, other than from the claimant, for reimbursement of costs claimed herein; and such costs are for a new program or increased level of services of an existing program mandated by Chapter 704, Statutes of 1975.</p> <p>The amounts for Estimated and/or Reimbursement Claim are hereby claimed from the State for payment of estimated and/or actual costs for the mandated program of Chapter 704, Statutes of 1975, set forth on the attached statements.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;">           Signature of Authorized Representative             _____            _____            Type or Print Name         </div> <div style="width: 45%;">           Date             _____            _____            Title         </div> </div>				
(39) Name of Contact Person for Claim _____ Telephone Number (_____) _____ Ext. _____ _____ E-mail Address _____				

**VOTERS REGISTRATION PROCEDURES**  
**Certification Claim Form**  
**Instructions**

**FORM**  
**FAM-27C**

- (01) Leave blank.
- (02) A set of mailing labels with the claimant's I.D. number and address has been enclosed with the claiming instructions. The mailing labels are designed to speed processing and prevent common errors that delay payment. Affix a label in the space shown on form FAM-27C. Cross out any errors and print the correct information on the label. Add any missing address items, except county of location and a person's name. If you did not receive labels, print or type your agency's mailing address.
- (03) to (07) Leave blank.
- (08) If filing an original reimbursement claim, enter an "X" in the box on line (08) Reimbursement.
- (09) If filing an amended claim, enter an "X" in the box on line (09) Amended. Leave box (08) blank.
- (10) Enter the fiscal year in which costs are to be incurred.
- (11) Enter the amount of reimbursement claim from form VRP-1, line II.b.
- (12) to (13) Leave blank.
- (14) Enter the same amount as shown on line (11).
- (15) to (33) Leave blank.
- (34) Read the statement "Certification of Claim." If it is true, the claim must be dated, signed by the agency's authorized representative and must include the person's name and title, typed or printed.
- Claims cannot be paid unless accompanied by a signed certification.
- (35) Enter the name, telephone number, and e-mail address of the person that this office should contact if additional information is required.

**SUBMIT A SIGNED ORIGINAL AND A COPY OF FORM FAM-27C, A COPY OF FORM VRP-1, AND SUPPORTING DOCUMENTS TO:**

***Address, if delivered by  
U.S. Postal Service:***

**OFFICE OF THE STATE CONTROLLER  
 ATTN: Local Reimbursements Section  
 Division of Accounting and Reporting  
 P.O. Box 942850  
 Sacramento, CA 94250**

***Address, if delivered by  
other delivery service:***

**OFFICE OF THE STATE CONTROLLER  
 ATTN: Local Reimbursements Section  
 Division of Accounting and Reporting  
 3301 C Street, Suite 500  
 Sacramento, CA 95816**

METHOD OF REIMBURSEMENT COMPUTATION  
Chapter 704, Statutes of 1975, Voters Registration  
1999-00 Fiscal Year Costs

County of \_\_\_\_\_

To complete this form, indicate the number of voters' affidavits processed by source and total in part I. and compute the county's reimbursement using the formula described in part II.

I. Affidavits processed by source:

a. Number of affidavits processed by MAIL  
(Through postal service)

\_\_\_\_\_

b. Number of affidavits received over the counter

\_\_\_\_\_

c. Number of affidavits received through  
Official Deputy Registration

\_\_\_\_\_

Total number of affidavits processed

\_\_\_\_\_

II. Formula for computing the reimbursement:

a. Total number of affidavits processed  
(Above)

\_\_\_\_\_

b. Enter the county reimbursement factor.  
Refer to the schedule on form VRP-2, entitled  
"1999-00 Reimbursement Factors by County -  
Amount Per Affidavit."

\$ \_\_\_\_\_

Total 1999-00 Reimbursement Claimed  
(Multiply IIa. Times IIb.)

\$ \_\_\_\_\_

**VOTERS REGISTRATION PROCEDURES**  
**1999-00 REIMBURSEMENT FACTORS BY COUNTY**

**FORM**  
**VRP-2**

COUNTY	AMOUNT PER AFFIDAVIT	COUNTY	AMOUNT PER AFFIDAVIT
Alameda	0.388	Orange	0.349
Alpine	2.408	Placer	0.764
Amador	2.408	Plumas	2.408
Butte	0.851	Riverside	0.388
Calaveras	2.408	Sacramento	0.388
Colusa	2.408	San Benito	2.408
Contra Costa	0.388	San Bernardino	0.388
Del Norte	2.408	San Diego	0.349
El Dorado	0.896	San Francisco	0.388
Fresno	0.851	San Joaquin	0.764
Glenn	2.408	San Luis Obispo	0.764
Humboldt	0.896	San Mateo	0.764
Imperial	2.408	Santa Barbara	0.764
Inyo	2.408	Santa Clara	0.349
Kern	0.851	Santa Cruz	0.764
Kings	2.408	Shasta	0.896
Lake	2.408	Sierra	2.408
Lassen	2.408	Siskiyou	2.408
Los Angeles	0.349	Solano	0.764
Madera	2.408	Sonoma	0.764
Marin	0.764	Stanislaus	0.764
Mariposa	2.408	Sutter	2.408
Mendocino	2.408	Tehama	2.408
Merced	0.896	Trinity	2.408
Modoc	2.408	Tulare	0.764
Mono	2.408	Tuolumne	2.408
Monterey	0.764	Ventura	0.764
Napa	0.896	Yolo	0.896
Nevada	0.896	Yuba	2.408